

## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

07/26/2004

Maureen Stretch  
26 Charles Street  
Natick, MA 01760

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MAUREEN STRETCH	(Depositor's name)
Maureen Stretch	(Signature)
10/26/04	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/702,049	10/30/2000	JEFFREY CONKLIN	ET00-007CIP	8546

TITLE OF INVENTION: SYSTEM AND METHOD FOR AUTOMATED, ITERATIVE DEVELOPMENT NEGOTIATIONS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEINCKE DIAZ, SUSANNA M	3623	705-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MAUREEN STRETCH

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sky Technologies, LLC

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501696 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Maureen Stretch Reg. #29,447 10/26/04

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Maureen Stretch (Signature)  
10/26/04 (Date)

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JEFFREY CONKLIN

EP00 1007C1P

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MEINCKE DIAZ, SUSANNA M

3623

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ individual ☒ corporation or other private group/entity ☐ government

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<b>MAUREEN STRETCH</b> <b>ATTORNEY AT LAW</b> 36 Charles Street Natick, MA 01760 TEL: 508.651.9932 • Fax: 508.651.9932 e-mail: mstretch@CFP.com							
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1. Part B - Fee(s) Transmitted Issue Fee for App 09/702,049				2.			
2.							
3.							
4.							
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